



May 30, 2019

Overview of Cascade City-County Health Department Re-Organization Analysis Presented at a Joint City-County Commission Meeting on May 30, 2019

Introduction

The Cascade City-County Health Department (CCHD) is currently structured as a county Department under the Board of Cascade County Commissioners (BOCC). The CCHD consists of four Divisions - Prevention Services, Environmental Health, Family Health Services and Administrative Services. Funding for the CCHD operation is a combination of \$550,000 in tax revenues from rural residents (living outside the Great Falls city limits), an annual \$250,000 allocation from the City of Great Falls (from property tax levies on residents within the city limits), fees for services (ie. Septic System permits) and federal-state-private grants. The Family Health Services Division is primarily grant-funded, and a \$63,000 match requirement is funded by the county from tax revenues.

Brief History

For many years, the CCHD was a combined Department with the Public Health Officer (PHO) supervising both public health functions, as well as the federally-funded Community Health Care Center (CHCC-Clinic). Since 1994, the CHCC-Clinic had been operating under a co-applicant agreement between Cascade County - the Clinic Board of Directors - and the Health Resources and Services Administration (HRSA). In late 2010, HRSA who provides federal funding and oversight for Federally Qualified Healthcare Center (FQHCs), directed Cascade County to separate the CHCC-Clinic from the CCHD and hire a CEO dedicated solely to the FQHC operation. In 2012, this directive was accomplished, and both the CCHD and CHCC remained co-located at 115 4th Street South. The CHCC-Clinic Board of Directors had long been exploring the idea of dissolving the co-applicant agreement, separating the CHCC from the county and becoming an independent non-profit Clinic operation under HRSA. An amicable separation was made at the end of 2018, and the CHCC-Clinic re-branded their name as *Alluvion Health*. *Alluvion Health* officially became an independent operation on January 1, 2019. All CHCC-Clinic county employees who wished to transition to *Alluvion Health* were offered positions in the new organization; others either retired or sought other employment.

In late February 2019, the City-County Public Health Officer (PHO) accepted a position with *Alluvion Health* and left county employment. To ensure continuity of services, Cascade County temporarily outsourced public health administrative oversight and PHO duties to *Alluvion Health* under a short-term contract effective February 22, 2019 through August 31, 2019, unless the PHO position was filled sooner. This arrangement allowed the former PHO to continue serving as the interim PHO and meet MCA requirements.

In late March 2019, *Alluvion Health* presented the County Commissioners with a proposal to permanently provide the communities' public health services. This proposal precipitated a rapid, yet thorough, analysis with the following priorities:

1. Mandated public health services would be satisfactorily provided to Cascade County citizens;
2. County employee salaries/benefits would be similar if a transition to non-county employment status occurred; and

3. Taxpayers would not be irreparably impacted by this proposed change.

Process

The BOCC has engaged in the following series of meetings/correspondence since late March:

1. Meetings with the Miles City FQHC (*OneHealth*) which is currently providing public health services for Custer County, and has served as a model for *Alluvion Health's* proposal
2. An all-employees meeting with CCHD
3. Individual meetings with each CCHD Division Manager (Prevention Services, Environmental Health, Family Health Services and Administration), key staff members, with *Alluvion Health* also in attendance
4. Discussion with the BOH members at their May 2019 meeting
5. Meeting with the DPHHS Public Health and Safety Division Head and the Communicable Disease Control and Emergency Preparedness/Training Bureau Chief and representatives from the BOH
6. Conference call with the Flathead PHO who provides contracted services to the county

Findings

Following is a summation of the findings of the BOCC.

FQHC Mission is changing

- FQHCs are being directed to engage in a whole health model of services, population health or community health
- FQHCs are expanding services and duplicating the traditional CCHD health services – immunizations, emergency preparedness, family health services, home visiting, STD treatment, adult and pediatric behavioral health, educational programming and even WIC
- FQHC services will ultimately impact the traditional revenue sources that the CCHD relies upon for operations
- FQHCs have greater flexibility to quickly expand programming under the National Health Service Corps (NHSC) and greater reach to the public through public school branch clinics
- FQHCs can offer training, certification and technical assistance to public health employees
- Many FQHCs on the east and west coasts are managing Public Health operations. In Montana both *Riverstone CHCC* (Billings) and the Custer County CHCC (*OneHealth* in Miles City) are providing community public health services
- The current relationship between the *Alluvion Health* leadership team and the CCHD staff, coupled with the PHO vacancy, makes this an opportune time to consider the transition
- FQHCs can increase the number of billable services and offer less expensive patient rates due to their sliding scale fees
 - *Alluvion Health* providers qualify for the Montana State Loan Repayment Program, as well as the NHSC scholarship program making recruitment and retention more favorable
- CCHD operations could continue seamlessly if services were outsourced to *Alluvion Health*
- FQHCs generally provide higher wages for employees (especially nurses) than counties can afford

Public Health Services emphasis is also changing

- The traditional CCHD patient-centered health model is being replaced by a community-based public health mission. Public Health emphasis is moving towards education and access to care/immunizations regardless of where those services are provided – pharmacies, FQHCs, clinics, schools, etc. . .

- Several public health departments throughout Montana are contracting Prevention Services and Environmental Health Services via hospitals, clinics, FQHCs and others. A “sub-recipient” arrangement for services does not divest the county of its responsibility to provide the mandated/regulatory public health services required in the MCAs.

Advantages of Outsourcing Prevention, Family Health, and some Administrative Services

- Potential ability to recruit and retain Prevention Services nurses, sanitarians and other specialties due to the possibility of higher wage scale
- Ability to bill for some STD services that currently cannot be billed under the county due to the requirement for a physician associated with the CCHD
- Reduced patient expense for STD treatment with sliding scale payment structure
- Reduced patient expense for Immunizations
- Increase in billable encounters partly due to expansion of travel services (immunizations) and prophylactic antibiotics for travelers
- Opportunities for partnership rather than competition for revenues through direct services, grants, and patient encounters
- Positive impact through closer coordination with *Alluvion Health*
- Expanded opportunities for public health educational programs
- Closer coordination, eliminating duplicative programming and expanding services (Emergency Preparedness, STD Treatment, Family Health Services, Safecare, WIC, Home Visiting, Behavioral Health, Immunizations and more)
- Credentialing would be simpler under *Alluvion Health*
- Greater ability to attract a dietitian, required under one of the Family Health Services grants (currently partnering with Kalispell for dietician expertise)
- Possibility of advancement opportunities not currently available under the county structure
- Opportunities for additional training and technical assistance from professional providers in *Alluvion Health* organization (pediatrician and pediatric mental health provider will enhance the Family Services Division program)
- Intersection with other sectors – immunization records with WIC and Prevention Services tying into the Montana State record reporting system
- Opportunities to expand database capabilities currently limited by the county’s software – protocol systems and interface systems could be expanded
- Improved website and social media capabilities under FQHC
- *Alluvion Health* already provides billing services to the CCHD
- The CCHD currently utilizes *Alluvion Health’s* electronic health records. *Alluvion Health* maintains the appropriate security and confidentiality of the CCHD records in accordance with all state and federal regulations. *Alluvion Health* owns the licenses and manages the software.
- Licensure certifications and payment of some licenses may be possible under *Alluvion Health*
- Ability to leverage the strength of both entities and expand emergency preparedness into rural communities as *Alluvion Health* builds their workforce and grows this aspect of their mission.
 - County does not currently have a provider associated with emergency preparedness
 - County has a limited number of public health nurses, whereas *Alluvion Health* can provide providers for mass casualty incidents
- Accreditation integration with the Quality Improvement already underway at the CCHD and *Alluvion Health* has purchased software for the analysis. Accreditation can continue under this model.

- State and federal grant-funded programs could be transferred to *Alluvion Health*
- WIC program can be subcontracted from county to an outside entity
- Great Falls has many specialists in the medical field, aligning with *Alluvion Health* enhances access and emphasis on general medical care

County Commission Observations

- The Environmental (EH) Health Division of the CCHD oversees a variety of regulatory tasks, some interface with Prevention Services and other functions interface with County Planning. The EH staff is cross-trained to perform all aspects of the work (licensed establishment inspections of food services, public accommodations, pools and spas, body art facilities, daycares, group homes, and trailer courts; as well as implementation of the rabies prevention program, septic permitting program/subdivision reviews, air quality monitoring program and involvement with the Superfund sites in Cascade County. EH works closely with the County Planning Division to coordinate their Location Conformance permitting program with the Septic Permitting program and county addressing in addition to jointly reviewing surveys and subdivisions.
 - The Superfund program is growing and requiring considerable time for the EH Division Manager. This work is anticipated to increase as EPA Management Plans are approved and cleanup efforts are implemented
 - Separating the EH Division into two sectors, with the inspection function outsourced to the FQHC and land management function re-organized under County Planning, does not seem prudent
- Under the present CCHD organization, the Public Health Officer (PHO) is a county employee overseeing day-to-day operations of the CCHD, directly supervising CCHD staff, reporting directly to the Board of Health (BOH), and serving as the key connection to the many community partners involved in public health (MAFB, MANG, GFPS, City and County law enforcement, GF Airport, private schools, daycares, *Benefis Healthcare*, GF Clinic, *Alluvion Health* and more). The PHO structure could function essentially the same if outsourced to *Alluvion Health*:
 - PHO selected by the BOH, conducting monthly BOH meetings, and reporting to the BOH
 - PHO employed by *Alluvion Health*
 - PHO continuing oversight of the day-to-day CCHD Divisions and their operations
- If the county chooses to proceed with outsourcing CCHD functions to *Alluvion Health*, crafting detailed contract language to avoid potential future conflicts will be extremely important. Any contract must include language to adequately define the roles of all entities, ensure coordination between Divisions and the BOH, and require accountability for public health services.

General Employee Concerns or Remaining Questions

- Potential or perceived loss of “neutrality” of the CCHD if moved under *Alluvion Health* particularly in relation to the CHNA and CHIP.
- Concern about loss of the CCHD identity.
- Concern that CCHD employees may not remain an independent unit under the *Alluvion Health* organizational structure. Breaking up the CCHD team is an emotional change, and how the CCHD staff might be organized under *Alluvion Health* is a concern of current CCHD staff. *Alluvion Health* anticipates the Divisions would be integrated into their organization chart without significantly change to the Prevention Services or Family Health Services organization. Some organizational change would likely occur in the future as the CCHD and *Alluvion Health* become further integrated and collaborative.

- Questions about the authorities a PHO employed by *Alluvion Health* can manage county employees, if the EH Division remains with the county.
- In other counties using a similar or modified model, on occasion Prevention Services is not investigating communicable disease cases to the extent desired by DPHHS. This situation is more prevalent when the CCHD model functions under a business (ie. hospital or clinic) whose mission is to be profitable, not public health-oriented.
- Concern about losing the “culture” of the CCHD – teamwork, thoroughness of health. *Alluvion Health* has employed the former PHO as Director of Communications and Workforce Development. *Alluvion Health* intends to utilize the former PHO’s talents in her new role to incorporate and build the same culture and teamwork at *Alluvion*.
- How will the PHO be structured? Having the supervisor and the PHO as one person has been very beneficial for the staff and the BOH investigations, meeting regulatory mandates, and overall community health mission.
- Sustainability and cost control of a contract with *Alluvion Health* into the future. *Alluvion Health* has indicated their intent is to be revenue neutral when providing public health services and not operate as a profit-driven venture.
- Some concern with future communication needs if Prevention Services is outsourced and Environmental Health remained county function.
- Concern about how contract language can be written to preserve the confidentiality of patient information (ie. STD).
- Personnel concerns regarding retirement (PERS), salaries, vacation/holidays, health insurance. *Alluvion Health* is making every effort to meet or exceed the benefits currently offered by the county.
- Funding stability with a new, fast-growing business like *Alluvion Health*, some concern about the risk for county employees.

Next Steps

- BOCC will conduct a commission meeting to openly discuss and determine how to proceed with the CCHD structure
- If BOCC decides to outsource services to *Alluvion Health*, many additional tasks remain:
 - Timing of transition of county employees to *Alluvion Health* and contract start date
 - Development of acceptable contract language
 - Determination of disposition of county-owned property – Telephones, Computers, copiers, county vehicles, building use and more ...
 - Process to transition existing state-federal grants from the county to *Alluvion Health*